

**POULTRY PROGRAMS
VENDOR IDENTIFICATION (ID)
AND PASSWORD AUTHORIZATION**

To ensure the integrity and security for the issuance of vendor IDs and passwords for the Domestic Electronic Bid Entry System (DEBES), please complete the following.

1. Company information:

a. Name		
b. Street Address		
c. City	d. State	e. Zip Code
f. Telephone number	g. Fax number	

2. Name and title of person(s) authorized to submit offers utilizing DEBES. (Must be an officer or representative authorized to sign offers and contracts in your name in Item 9 of current Standard Form 129 on file with the Contracting Officer.)

Name	Title	E-mail Address

3. Create a **five** (5) alpha/numeric character Personal Identification Number _____
(This will be used to verify any vendor requests, such as ID's or password resets.)

4. Indicate method of transmitting your vendor ID and password (check only one). If e-mail address, fax, or telephone number is different than above please indicate below.

☐ E-mail _____

☐ Fax _____

☐ Telephone _____

5. _____
Name of Officer* Signature Title

*Officer must be identified in item 7 of the Standard Form 129

FAX this form to Martha Shramek, AMS Poultry Programs, 202/720-5871.

TO BE FILLED OUT BY USDA:

A. Vendor ID ("A" and 6 digits) _____

B. Password (8 alpha/numeric) _____

C. USDA Marketing Specialist _____ Date _____